

** Surveys may be completed on-line at <http://www.cops.usdoj.gov>. This site also contains copies of the surveys, fact sheets, and background information to answer questions regarding retention and redeployment.*

If you are not completing the survey on-line, please complete this form, and return to Vistrionix, Inc. by October 1, 2002. Your prompt response is appreciated.

Please only list people familiar with the grant in the contact sections.

ORI # _____

Agency Name: _____

**COPS GRANT STATUS SURVEY
CONTACT INFORMATION FORM**

PRIMARY CONTACT

First Name _____ Middle Initial _____

Last Name _____

Title _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail address _____

ALTERNATE CONTACT

First Name _____ Middle Initial _____

Last Name _____

Title _____

Telephone (____) _____ Fax (____) _____

E-mail address _____

ASSIGN CONTACT INFORMATION TO THE FOLLOWING PROGRAMS:

<input type="checkbox"/> AHEAD	<input type="checkbox"/> CIS	<input type="checkbox"/> DNP	<input type="checkbox"/> FAST
<input type="checkbox"/> MORE	<input type="checkbox"/> PHASE 1	<input type="checkbox"/> PHS	<input type="checkbox"/> TRGP
<input type="checkbox"/> TMHCSI	<input type="checkbox"/> UHP		

Please note: If you have different contacts for different programs, please photocopy this page, complete all requested information, and check off the program(s) to which the contact should be assigned. If you have one contact for all programs you only need to complete one contact sheet and check off all the programs for your agency.

Please print the name of person completing survey so that we may contact him/her for follow up questions: _____